

Town of Charlestown

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Taxpayer Information

Names(s) _____
Address _____
City _____ State ____ Zip ____
Email Address _____
Phone Number _____
Account Number _____ Real Property Taxes _____
Account Number _____ Motor Vehicle Taxes _____
Account Number _____ Tangible Taxes _____

Bank Account Information

I (we) acknowledge that the origination of (ACH) transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____
Bank Address _____
Bank City _____ State ____ Zip ____
Routing # (9 Digits) _____ Account # _____
Account Type: Checking _____ Savings _____ (please check one)

- For payments from a Checking Account, this form MUST be accompanied by a Printed Voided Check.
- OR if from a Savings Account, this form MUST be accompanied by an Encoded Deposit Slip and written verification of routing number from the Bank.

I (we) hereby authorize the **Town of Charlestown**, hereinafter called **Company**, to initiate debit entries to my (our) Account indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to debit the same to such account for payment of taxes:

Frequency of payments:
_____ Weekly _____ Bi-Weekly _____ Monthly _____ Quarterly _____ Annually

ACH Quarterly Payment Dates:

1st Qtr Due Aug. 1st 2nd Qtr Due November 1st 3rd Qtr Due February 1st 4th Qtr Due May 1st

This authorization is to remain in full force and effect until (**Company**) has received written notification from me (or either of us) of its termination in such time and in such manner as to afford (**Company**) and Depository a reasonable opportunity to act on it.

Taxpayer Signature

Date

Print Name

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.